

ADA Accommodation Request

Case No. (if any) _____

1.

Name of Person Requesting Accommodation	E-mail Address	Address
Telephone/TTY Number	Date Request Submitted	

2. The person who needs the accommodation is a

- ☐ party. ☐ witness. ☐ juror. ☐ attorney.
☐ Other: _____

3. The accommodation will be needed

- ☐ on [Date] _____ at [Time] _____ ☐ a.m. ☐ p.m.
☐ for all proceedings related to this case.

4. The accommodation needed is

- ☐ Wheelchair space
☐ American Sign Language (ASL) interpreter(s) _____
☐ Other sign language interpreter(s) [Specify] _____
☐ Oral interpreter
☐ Realtime (videotext) translation
☐ Assistive listening device
☐ Large print/enlarged materials
☐ Breaks for medical reasons [State reason/frequency] _____
☐ Other: [Specify] _____

(Complete the following, if different from #1 above.)

5. Name of person completing this form: _____
 Telephone/TTY Number: _____ E-mail Address: _____
 Mailing Address: _____

APPROVAL

- ☐ This accommodation request is **approved**.
☐ This accommodation request is **denied** because: _____

BY:

Court Official/Court ADA Coordinator_____
Name Printed or Typed_____
Date

DISTRIBUTION:

1. Judge
 2. Clerk of Court
 3. Attorney/party
 4. Other: _____